**Tribhuvan University**

**Faculty of Education**

**Dean’s Office**

**Micro Teaching Evaluation Form**

**Campus: Level: Specializations: Academic Year:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **Symbol No.** | **Name of the Student** | **Lesson Plan** | **Teaching Aids** | **Knowledge of subject matter** | **Teaching Strategies** | **Class room management** | **Peer Observation** | **Total** |
| **4** | **2** | **3** | **3** | **2** | **1** | **15** |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |

Signature:

Internal supervisor:

Date:

**Tribhuvan University**

**Faculty of Education**

**Dean’s Office**

**Peer Teaching Evaluation Form**

**Campus: Level: Specializations: Academic Year:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **Symbol No.** | **Name of the Student** | **Lesson Plan** | **Teaching Aids** | **Knowledge of subject matter** | **Teaching Strategies** | **Classroom management and assessment** | **Peer Observation** | **Total** |
| **5** | **2** | **4** | **5** | **2** | **2** | **20** |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |

Signature:

Internal supervisor:

Date:

**Tribhuvan University**

**Faculty of Education**

**Dean’sOffice**

**Internal Supervisor Evaluation Form**

**Campus: Level: Specializations: Academic Year:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **Symbol No.** | **Name of the Student** | **Lesson Plan** | **Teaching Aids** | **Knowledge of subject matter** | **Teaching Strategies** | **Classroom management and assessment** | **Peer Observation** | **Report Writing** | | **Total** |
| **Presentation** | **Organization** |
| **4** | **2** | **3** | **3** | **2** | **1** | **3** | **2** | **20** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |

Signature:

Internal supervisor:

Campus:

Date:

**Tribhuvan University**

**Faculty of Education**

**Dean’s Office**

**Co-operating Institution Supervisor Form**

**Co-operating Institution:**

**Campus: Level: Specializations: Academic Year:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **Symbol No.** | **Name of the Student** | **School Performance** | | **Total** | **Remarks** |
| **Students Teacher’s Impression** | **Regularity** |
| **3** | **2** | **5** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |

Signature:

Co-operating institution supervisor:

Co-operating institution:

Date:

**Tribhuvan University**

**Faculty of Education**

**Dean’s Office**

**External Supervisor Evaluation Form**

**Campus: Level: Specializations: Academic Year:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **Reg. No.** | **Symbol No.** | **Name of the Student** | **Co-operating Institution** | **Teaching Performance in School** | | | | | **Report writing** | | **Total** |
| **Lesson Plan** | **Teaching Aids** | **Knowledge of subject matter** | **Teaching Strategies** | **Classroom management and assessment** | **Presentation** | **Organization** |
| **6** | **4** | **5** | **6** | **4** | **8** | **7** | **40** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |

Signature:

External supervisor:

Campus:

Date:

**Tribhuvan University**

**Faculty of Education**

**Dean’s Office**

**Final Internal Evaluation Form**

**Campus: Level: Specializations: Academic Year:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **Reg. No.** | **Symbol No.** | **Name of the Student** | **Co-operating Institution** | **Evaluation of Micro Teaching** | **Evaluation of Peer Teaching** | **Evaluation of School Teaching** | **School**  **Evaluation** | **Total** |
| **15** | **20** | **20** | **5** | **60** |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |

Head Signature:

Teaching Practice Internal supervisor:

Campus:

Date:

**Tribhuvan University**

**Faculty of Education**

**Dean’s Office**

**Attendees**

**Campus: Level: Specializations: Academic Year:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **Reg. No.** | **Symbol No.** | **Name of the Student** | **Co-operating**  **Institution** | **Teaching Subject** | **Class** | **Lesson Plan No** | **Test Item** | | **Peer Observation** | **Overall Report** | **Examination Date** | **Sign** | **Remarks** |
| **Objectives** | **Subjective** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature: Signature:

Internal supervisor: External supervisor:

Campus : Campus:

Date: Date: